

ATTACHMENT 3

Physician services type of service code to modifier conversion chart

The following table lists the nationally recognized *Current Procedural Terminology* (CPT) and Healthcare Common Procedure Coding System (HCPCS) modifiers that providers will be required to use in lieu of local type of service codes when submitting claims for physician services. A future *Wisconsin Medicaid and BadgerCare Update* will notify providers of specific effective dates of Wisconsin Medicaid's implementation of the federal Health Insurance Portability and Accountability Act of 1996 (HIPAA).

Before HIPAA implementation	After HIPAA implementation
Local type of service (TOS) code and description	CPT/HCPCS modifier and description
7	AA* Anesthesia services performed personally by anesthesiologist
U	TC Technical component
Q, S, T, W, or X	26 Professional component
8	80 Assistant surgeon
1, 2, 3, 4, 5, 6, 9, B, K, or M	No modifier assigned to replace these type of service codes.

*Anesthesiologists will be required to use CPT anesthesia procedure codes 00100-01999 for all anesthesia services. Modifier "AA" is *only* to be used when an anesthesiologist is personally performing anesthesia services. Refer to Attachment 4 for modifiers that will be required for medically directing certified registered nurse anesthetists or anesthesiologist assistants.